

**Mail To:**  
**Department of Charitable Gaming**  
**101 North 14th Street, 17th Floor**  
**Richmond, VA 23219**



**Form 102**  
**QUARTERLY FINANCIAL REPORT**  
 Must be filed by any organization realizing any  
 charitable gaming receipts in the quarter.  
**THREE PAGES - COMPLETE ALL**

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF CHARITABLE GAMING**

Select the Quarter that is being  
 reported

" X " the Reported Quarter

1st	2nd	3rd	4th
1/1 thru 3/31	4/1 thru 6/30	7/1 thru 9/30	10/1 thru 12/31
June 1st	Sept. 1st	Dec. 1st	March 1st

**REPORT YEAR**

**ORGANIZATION INFORMATION**

If this organization is either a Volunteer Fire Department or Rescue Squad enter **X** in the adjacent box

Organization Name \_\_\_\_\_ DCG No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**PART 1 - RECEIPTS**

1. Bingo Paper Sales Before Discounts	
2. Electronic Bingo Device Sales Before Discounts	
3. Bingo Session Instant Bingo, Seal Cards, Coin Board Sales	
4. Bingo Session Treasure Chests and Raffle Sales	
5. Bingo Session Miscellaneous Sales ( <i>Daubers, Tape, etc.</i> )	
6. <b>GROSS RECEIPTS FOR ALL BINGO SESSIONS</b> (Line 1 thru Line 5)	\$ -
7. Discounts Given	
8. <b>ADJUSTED RECEIPTS FOR BINGO SESSIONS</b> (Line 6 minus Line 7)	\$ -
9. Raffle and other Outside Gaming Sales	
10. <b>TOTAL RECEIPTS FOR QUARTER</b> (Line 8 plus Line 9)	\$ -

**PART 2- PRIZES**

12. a. Bingo Games		
b. Bingo Session Instant Bingo, Seal Cards, Coin Boards		
c. Bingo Session Treasure Chests and Raffles		
d. Door Prizes		
e. Raffles and other Outside Gaming		
f. <b>TOTAL PRIZES AWARDED</b> (Line 12a thru 12e)	\$	-

PART 3 - EXPENSES		
13. Cash Payments from Funds at Bingo Sessions		
14. Cash Shortage or Overage (If this is overage, enter as a negative figure so it will subtract)		
15. Payments to Registered Suppliers (Paper, instants, seal cards, daubers, ..)		
16. Rent Paid for Electronic Bingo Devices		
17. Raffle and other Outside Gaming Supplies		
18. Bingo Hall Lease Payments		
19. Payments to Department of Charitable Gaming		
20. All other Gaming Expenses		
21. a. Use of Proceeds Facility Disbursements		
b. Use of Proceeds Charitable Donations		
c. Use of Proceeds Transfers to Restricted Account		
d. TOTAL USE of PROCEEDS (Line 21a thru 21c)		\$ -
22. Business Expenses		
23. TOTAL DISBURSEMENTS (Line 12f thru 22)		\$ -

PART 4 - CASH RECONCILIATION		
24. Beginning Reconciled Bank Balance (Ending balance from previous report)		
25. Beginning Cash on Hand (Ending cash on hand from previous report)		
26. Returned Checks Collected (redeposit of bad checks)		
27. Earned Interest Income		
28. Deposits from Non-Gaming Sources		
29. Total Receipts for Quarter (Line 10 from part one)		\$ -
30. TOTAL FUNDS AVAILABLE (Lines 24 thru 29)		\$ -
31. a. Bank Statement Balance -End of Quarter		
b. Deposits in Transit		
c. Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE (Line 31a +31b - 31c)		\$ -
32. Ending Cash on Hand		
33. Returned Checks (bad checks from players)		
34. Total Disbursements for Quarter (Line 23 from part 3)		\$ -
35. TOTAL FUNDS ACCOUNTED FOR (Lines 31d thru 34)		\$ -

Line 30 must equal Line 35 for this report to be in balance

REPORT IS OUT OF BALANCE BY	\$ -
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QUARTER \_\_\_\_\_ DCG# \_\_\_\_\_ ORG NAME \_\_\_\_\_

### PART 5 - REQUESTED INFORMATION

For informational purposes only. If your organization conducts bingo sessions, please complete this section.

36.	Winner-Take-All Receipts	
37.	Bingo Attendance (Customer Count)	

### PART 6 - AUDIT AND ADMINISTRATION FEE CALCULATION

38. a. Audit & Administration Fee (Line 10 X 1.125%)	\$ -	
b. Late Filing Fee (\$25 per day after due date)		
c. Payments already made for this report		
d. TOTAL FEE DUE WITH REPORT	Make check payable: Treasurer of Virginia (line 38a+38b-38c)	\$ -

### ACKNOWLEDGEMENT

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and on the attachments are true, full, and correct to the best of my knowledge and belief.

Signature of President or Designee _____		Date: _____
Print Name: _____	Title: _____	